

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6526 FAX: (208) 364-1888

May 27, 2009

Stanley Turner, Administrator Autumn Years at Boise, Seniorcare Turlock/Boise, LLC 10172 West Smoke Ranch Drive Boise, Idaho 83709

License #: RC-877

Dear Mr. Turner:

On April 15, 2009, a follow-up to the complaint investigation of December 12, 2008 was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Due MSW

Sincerely,

POLLY WA'TT-GEIER, MSW

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

PWG/sc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



## HEALTH & WELFARE

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April 17, 2009

Stanley Turner, Administrator Autumn Years at Boise, Seniorcare Turlock/Boise, LLC 10172 West Smoke Ranch Drive Boise, Idaho 83709

Dear Mr. Turner:

On April 15, 2009, a follow-up visit to the state licensure survey and complaint investigation survey of December 12, 2008, was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. The core issue deficiencies issued as a result of the December 12, 2008, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 15, 2009.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/sc



## BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

## ASSISTED LIVING Non-Core Issues Punch List

Facility Name			Physical Address	Phone Number	
Autumn Years			10172 W. Smoke Ranch Drive	322-0955	
Administrator			City	ZIP Code	-
Stan Turner			Boise	83709	
Survey Team Leader			Survey Type	Survey Date	
Folly Watt-Green			Follow-up	4/15/09	
	-CORE ISSU	IES	1		
ITEM	RULE# 16.03.22		DESCRIPTION		DATE BFS RESOLVED USE
Ì	225	The facility did not identify	lesident # les behaviors nor deulop a l	pehavio	COS 4/15/01 704
	A. A	management plan to effective		And the second s	755190
2	320.03		reviewed had not been signed andlor plater	by the	5/04/5/
		visident or lead guardian/	epresentative (Repeat)		
-3	710.05	The facility did not have the most current dict order for Resident #5 (lepeat)			<b>ર્વ</b> રહ્યું હવ
4	711.01	The facility did not manitar or track Rosident #(is behaviors.			COS 4/15/09 AWG
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			FACILITY 9	TANDARDS	
1	se Required Date	Signature of Facility Representative		-	Date Signed
51	15/09	1 to Jun			4-15-09